J15 Kentucky & Ohio Open Meeting:
Draft or Revised LCD Public Discussion

Meeting Date & Time: February 17, 2026, 5 pm ET
Topic: Allergy Diagnostic Testing for Both Immediate IGE Mediated Hypersensitivity Reactions and Delayed Cell Mediated Hypersensitivity

MEREDITH LOVELESS 0:09

There you go.

CURTIS MCFADDEN 0:09

Good afternoon.

Good afternoon, everyone.

Welcome to the Open draft LCD meeting.

My name is Curtis McFadden.

I am your producer for today's event.

I will now yield the floor to Doctor Loveless, who will be going over today's subject matter.

Floors your Dr. Loveless.

MEREDITH LOVELESS 0:25

Thank you, Curtis.

Welcome everyone to today's open draft LCD meeting.

We only have one policy today.

The disclaimer says that everything that we are presenting is true as of today, but subject to change.

As Medicare policies change, the policy that we're discussing today is allergy diagnostic testing.

The comment period opened February 5th and will close on March 22nd.

We published.

A.

policy earlier this year that addresses the allergy immunotherapy

that replaced our previous allergy policy and this is really the second part to that addressing allergy diagnostic that's not covered within the the the other policy.

So this LCD addresses allergy diagnostic testing for both immediate IgEe mediated hypersensitivity reactions and delayed cell mediated hypersensitivity.

And that's divided up into in vivo testing, such as skin test, organ challenge test and serum specific IgE.

In vitro testing, as well as providing details on limitations and provider qualifications.

So allergy testing is

covered when it's been proven to be efficacious through

scientifically valid peer reviewed literature.

And there's been a comprehensive medical examination history and physical and the suspected allergen has been reasonably identified.

And unrelated multi allergen panels are not considered reasonable and necessary for the policy.

Also, because of the possibility of anaphylactic and severe allergic reactions during allergy testing, the ability to supervise and resuscitate if necessary must be available during in vivo testing.

For in vivo testing, this is divided up into multiple different categories. The policy does provide definitions and explanations for each one of the categories.

So we had some inquiries when we retired our our previous allergy policy is what happens with the venoms.

And so here's the answer.

It's it's addressed in this policy.

So percutaneous testing would be used for suspected iGE mediated allergic reactions and that can be to drugs venom such as waspis Hornets.

As well as occupational.

and food allergies

Intercutaneous or inter dermal testing is used when percutaneous test is negative, yet suspicion remains high and this is not recommended for food or latex allergy due to the risks of systemic reaction.

Skin endpoint titration testing, also known as intradermal dilutional testing, is used to determine immunotherapy starting doses.

is primarily used for

venom or aero allergen sensitivities.

Skin patch testing is used for diagnostic diagnosis of allergic contact dermatitis. That's typically caused by different substances that are allergens for that particular patient, such as detergent, oils, metals, drugs, chemicals or food products.

Patch testing may be needed based on clinical history and photosnesitivity

Patch test testing is used when the exposure to the allergen is suspected to be worsened by UV light.

Photo testing involves skin irradiation with UV light to evaluate for photosensitivity and delayed hypersensitivity.

Skin testing is used to test for contact allergens.

And infections with intracellular pathogens such as the tuberculosis or tuberculin test.

Organ challenge testing or allergy provocation testing is another in vitro testing reserved for cases when the clinical history suggests allergy, but the initial skin or serum IgG testing is inconclusive and this must be performed in a clinical setting or immediate emergency response is readily available due to risk off systemic reactions.

And should be performed in double blinded, not single blinded fashion.

And this includes nasal mucous membrane challenge test to confirm the cause of allergic rhinitis.

Ophthalmic mucous membrane conjunctival challenge test to assess localized eye symptoms in the diagnosis of allergic conjunctivitis and may assist in the diagnosis of allergic rhinitis.

Inhalation or bronchial challenge test measures airway hyper responsiveness, often used in asthma.

It provides an objective measurement compared to a placebo control and typically is done in with some form of pulmonary function. Testing with spirometry. Prolonged postposure evaluation of bronchospasm performed and three is the accepted measure.

Pulmonary function studies are not included in the bronchial challenge test.

The oral challenge test is the administration of food or drug allergens to increase doses or monitor reactions.

This is allowed once per patient. A counter, regardless of the number of items tested, and includes evaluations of the patient's response to the tested item.

Of note, this is not payable when used to diagnose rheumatoid arthritis, depression, or respiratory disorders, per the NCD.

Food challenge testing would be considered.

For food allergy, anaphylactic shock, doing an adverse food reaction or suspected food related dermatitis.

CGS expectations and need for oral food challenge test when there are nonconformatory results after forming after performing more commonly utilized first line in vivo testing such as skin prick testing or patch testing.

or in vitro testing, such as serum food specific IG E testing and more specific testing for suspected allergens is not readily available.

Oral food challenge is discontinued as objective reactions are identified or the last is the food tested does not elicit any reactive symptoms and testing is performed at home by the patient and not in the office and not in the office setting under medical supervision will not be covered.

Finally, drug challenge testing is gradual administration of a suspected drug allergen under close medical supervision used in the diagnosis of suspected IG E mediated drug allergies.

Especially for drugs such as NSAIDs, local anesthetics, non beta, lactam, antibiotics and other medications.

This is only performed when no other alternative diagnostic method is available, and this would be performed under medical supervision and would stem from nonconformatory results with more common first line testing including patch testing and IG testing.

For in vitro testing this is immuno essays that measure serum IgE levels. As an alternative diagnostic approach.

total serum IgE is covered for follow up for allergic bronchopulmonary aspergillosis, aspergillosis, selected immunodeficiency such as Hyper IgE syndrome, eczema, eczema, dermatitis, recurrent hyogenic infections and evaluation for a blend of therapy and the treatment of moderate to severe allergic asthma.

Allergen specific serum IgE is covered for contraindication to skin testing and widespread skin disease.

Medication use impacting skin testings that cannot be safely discontinued in uncooperative patients secondary to age, mental or physical impairments. Patients at significant risk for anaphylaxis.

Uncontrolled asthma or inconclusive testing.

Now lets covers the coverage aspects of the proposed policy.

Limitations are specified in the policy for inhalant allergy evaluations.

There may be up to 70 percutaneous tests and up to 40 intercutaneous tests. If the percutaneous tests are negative while patch testing can go up to 80 tests depending on the individualized.needs of for that patient.

Routine repeat skin testing is not considered reasonably unnecessary, and the total number of tests should not exceed the generally accepted standards exceeding these parameters.

Maybe justified a preliminary test of failed and immunotherapy failed to control symptoms. In that case, documentation of medical necessity is warranted.

In vitro testing performed in addition to skin testing for the same antigen is not usually necessary except in specified cases that include suspected latex sensitivity.

Hymenoptrea, or nut/peanut sensitivity were both skin tests and in vitro tests may be performed. Allergy testing for substances with a with a list of substances specified within the LCD and all of these serum labs.

Testing must be performed in a CLIA certified lab.

The LCD considers IG E mediated or delayed type sensitivity reactions in the form of allergy diagnostic testing not specified in the LCD to be experimental or investigational, and in the unique circumstances that this would be considered medically necessary by the provider.

This can be submitted

on appeal

with evidence to support why this would be considered necessary or through the LCD reconsideration process.

Documentation within the policy outlines that the medical record must be maintained and available. Meet all regular record requirements with the supporting ICT 10 diagnosis. We strongly recommend the use of the most specific ICD 10 code.

Code and avoiding unspecified code.

In addition,

for percutaneous or intercutaneous testing interfer to see the correct CPT code 95004 95024 and sequential incremental tests are performed on the same day of service. They may be reported if the tests are for different allergens or

dilutions of the same allergen.

So that means the unit of service to report is the number of separate test.

A single test and sequential and incremental test for the same dilution.

Allergens should not be separately reported on the same day of service and the policy provides examples for the billing and coding article actually.

Some allergy testing CPT codes are reported based on the number of individual tests performed and CMS payment payment policy is not allowed for testing of positive or negative controls and the number of tests reported. So if there's testing for penicillin allergy and six allergens plus positive negative control

performed you only bill for the six allergens, not for the control.

The CPT codes for allergy testing and immunotherapy are generally not reported on the same day of service unless the physician provides allergy immunotherapy and testing for additional allergens on the same day.

Finally, physicians shall not report allergy testing.

CPT codes for allergy, allergen potency, safety testing prior to administration of immunotherapy.

As I've considered an inherent component of the immune immunotherapy and CPT code 82785 gamma IgE is not appropriate in most general allergy testing.

And there's more specifics on that within the LCD.

We do not have any presentations for this policy.

Comments on the proposed policy can be submitted through CMD.Inquiry@CGSadmin com.

They can also be faxed or mailed, although the preferred route is through the e-mail.

The the comments need to be received by midnight on 3/22/26. We have a form that's available on our website to make sure that that all information that's necessary.

Is included with comments and comments are are best supported with peer reviewed, published literature. If you're requesting a change to the proposed policy that should be sent in a PDF format, we cannot accept unpublished work on only published work and.

And so PDF format sent to the e-mail address provided.

The policy is available on our website as well as the Medicare coverage database and also on our website is the directions for is the where to submit for draft for the LCD comments.

And that concludes my presentation on this proposed policy.

If if anyone on our call today has any questions or any questions about the LCD.

Process. I'm happy to answer that before we close since we have extra time available today.

I believe you'd have to put your question in the chat because I don't think the volume would be working for for our guests.

This policy

will be finalized with a response to comment article in response to any comments that we receive once the comment period is closed and we've been able to review all submitted literature and comments.

And finally, this policy is also in collaboration with several other MACs, which will have the identical policy, as I'm sure you're aware.

As well.

See something light up in the chat there.

Alright, well, if there's no further questions, I thank you for your attention and attending today's open meeting and we'll look forward to any comments submitted and we'll look also look hopefully look forward to seeing you on our next meeting.

Thank you very much for your time.